

tests used were the vaporimeter of Muspratt, and the reagents, bichromate of potash and iodoform. The results seemed to show that only a mere trace of the alcohol ingested could be detected in the respiration.

At the session of the Soc. de Biologie, April 24 (reported in *Gaz. des Hopitaux*), M. Wisstraten communicated the results he had obtained in making injections of alcohol in frogs. If a small quantity is injected, we obtain a powerful contraction of the arteries, lasting from fifty minutes to two hours. The veins dilate, at first show a momentary dilatation which is soon replaced by a contraction which lasts a longer time than that of the arteries. The heart-beats sensibly diminish. At the beginning of the experiment, the animal executes instinctive movements, but there soon follows a complete anæsthesia, during which only spasmodic motions are produced. The reflex movements are abolished, then the sensibility gradually returns as the action of the alcohol becomes exhausted.

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ANTAGONISM OF JABORANDI AND ATROPIA.—Prof. Vulpian, experimenting on these remedies, discovered the following facts (reported in *Gaz. des Hopitaux*, No. 47):

1. That it was sufficient to inject a certain quantity (about sixty grains) of a solution of jaborandi into the crural vein of a dog, to cause a considerable increase in the salivary and biliary secretions, which on the other hand were completely suppressed if the administration of the jaborandi was followed by a like injection of sulphate of atropia.

2. That jaborandi placed directly on the heart or injected under the skin of a frog, produced a considerable slowing, and even a complete arrest of that organ, while it again took on its activity and normal frequency under the influence of atropia. The same experiment repeated on the dog gave similar results.

3. Finally, the extract of jaborandi causes a myosis nearly as considerable as that from calabar bean; and here again, sulphate of atropia easily overcomes the effects produced by the first named drug.

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CEREBROSCOPY.—At one of his last Tuesday clinics at the Hospital des Enfants Malades, M. Bouchut called together a number of his Paris confreres, and with them one professor of Montpellier, to demonstrate before them, in a special conference, the results of his labors in medical ophthalmoscopy and cerebroscopy or encephaloscopy.

He first sketched the anatomical and physiological relations of the eye with the brain or spinal cord, and next he explained the influence of cerebro-spinal lesions on the optic nerve, the retina, and the choroid.

He next indicated the laws of the formation of intra-ocular lesions depending on disease of the brain, cord and meninges.

These laws are four in number:

1. Whenever the cranial circulation is interrupted, either in the sinuses and meningeal veins by compression of the ventricles distended with serous fluid, or by any other cause, an arrest of the venous circulation takes place which produces in the eye swelling, hyperæmia, and œdema of the papilla, varicosity of the veins, and sometimes hæmorrhages.

2. When a tumor with encephalitis, or when a partial encephalitis exists, then follows a descending phlegmasia, which causes a sclerosis of the optic nerve, and exudation that constrict the papilla, and finally cause its atrophy.

3. If the cord is affected by an anterior or posterior sclerosis, since by reason of its relations with the sympathetic, the spinal cord acts on the eye, there results a papillary hyperæmia, which in time causes atrophy. This is what we see in locomotor ataxy.

4. Finally, in all the diatheses and infections, when the whole system suffers, the eye also is affected, and we have certain forms of neuritis and choroiditis.

After this preamble, M. Bouchut, by means of his luminous projection, showed mural pictures of all the ocular lesions produced by cerebro-spinal diseases. There were exhibited spinal neuritis, and those due to locomotor-ataxia, neuritis, and neuro-retinitis produced by tuberculous, typhoid or rheumatismal meningitis—by cerebral hæmorrhage or softening, by hydrocephalus or thromboses of the sinuses of the dura mater—by chronic encephalitis, and by the encephalitis resulting from cardiac disease—by cerebral tumors—by tuberculosis—by syphilis—by albuminuria—by leukæmia, etc.; and finally, the neuritis resulting from paralysis of the sixth pair, those following certain epilepsies, hallucinations, contusions of the head, etc.—*La France Medicale*, March 27.

CHLORAL.—G. Leonardi (*La Nuova Liguria Med.*, XXI, 1874) abstracted in *Allg. Med. Central-Zeitung*, offers the following general conclusions in regard to this drug :

1. Beneficent as is this agent, it cannot be denied that it is sometimes misemployed. More than 2,200 pounds are annually used in the city of London.

2. The unfavorable results from the use of [the remedy, so far observed, are not to be laid to its account, but to the indiscretion of physicians who, without regarding the physiological, therapeutic, and toxic action of the drug, employ it indiscriminately in the most diverse affections.

3. The contradictory opinions among physicians as to the drug, are due to the fact that the researches and observations so far made are insufficient; we do not yet possess any certain information as to its indications and contra-indications.

4. Chloral hydrate acts first as an excitant and second as an anæsthetizing agent, acting as such particularly on the cerebral centres. Its action is rapid and constant, depending on the more or less good composition of the preparation used, and on the idiosyncrasy of the patient.

5. It can be administered either by the mouth or anus, and preferably in teaspoonful dose of the solution in syrup, or dissolved in water for injection into the rectum.

6. The administration of chloral as a hypnotic is advisable in all cases where the beneficial influence of sound sleep is needed. It is contra-indicated in cases of cardiac weakness with valvular deficiency, whenever there is disorganization of the mucous membrane of the digestive organs, and also in advanced disease of the organs of respiration.

7. The average dose ranges between two and five grammes (—30 grs.—75